

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/04/03.

### **I. DISPUTE**

Whether there should be reimbursement for dates of service 10/16/02 and 4/30/03.

### **II. RATIONALE**

According to the Table of Disputed Services submitted, the Requestor is asking for reimbursement in the amount \$90.00 for date of service 10/16/02 and for \$50.00 for date of service 4/30/03.

The Requestor submitted in his dispute packet, a billing statement from Preferred MRI, Inc. for an x-ray of the hand for date of service 10/16/02 with the amount due being \$90.00. The Requestor did not provide receipts showing he made payment in the amount of \$90.00. The Requestor also submitted documentation showing a \$50.00 payment was made for a physician office visit for date of service 4/25/03. However, the Requestor asks for reimbursement of \$50.00 for date of service 4/30/03. The Requestor has not submitted receipts showing he made a payment for the physician office visit of 4/30/03. Based on TWCC Rule 133.307(f)(2), the Requestor is to submit proof of the employee payment for the health care for which the employee is requesting reimbursement.

Neither the Requestor nor the Respondent submitted an Explanation of Benefits (EOB). Per Commission Rule 133.307(f)(3), "A copy of any EOB relevant to the dispute, or, if no EOB was received, convincing evidence of carrier receipt of employee request for reimbursement." The Requestor failed to submit documentation supporting that the EOB had been requested of the Respondent.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision is hereby issued this 21<sup>st</sup> day of January 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd